

Application for a premises licence to be granted under the Licensing Act 2003



PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/We Christopher Black
 (Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description			
Black Label Studios			
2 Dark Street			
Haverfordwest			
Pembrokeshire			
Post town	Haverfordwest	Postcode	SA61 2DJ

Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	£ 4250

Part 2 - Applicant details

Please state whether you are applying for a premises licence as **Please tick as appropriate**

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i as a limited company/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) please complete section (B)
 - iii as an unincorporated association or please complete section (B)
 - iv other (for example a statutory corporation) please complete section (B)

- c) a recognised club please complete section (B)
- d) a charity please complete section (B)
- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
 - statutory function or
 - a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

M r	X	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Black			First names Christopher			
Date of birth		I am 18 years old or over <input checked="" type="checkbox"/>		Please tick yes		
Nationality		British				
Current residential address if different from premises address		[REDACTED]				
Post town	[REDACTED]			Postcode	[REDACTED]	
Daytime contact telephone number		[REDACTED]				
E-mail address (optional)		info@blacklabelstudios.co.uk				
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)						

N/A

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>		Other Title (for example, Rev)	
Surname		First names	
Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes	
Nationality			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)			
Current residential address if different from premises address			
Post town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered number (where applicable)

Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	5	1 1 2 0 2 4

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY

<p>Please give a general description of the premises (please read guidance note 1)</p> <p>Black Label Studios is accessed from Dark Street. There is a gender neutral toilet available on the right upon entering. On the left is a stairwell to the next floor (not to be licensed). Going through two soundproof doors takes you into the main space - a 4.6mx7.4m room with a raised area that can be used as a performance area when needed. Alcohol would be served from a small bottle bar when needed. Behind the raised area is the enclosed control room. There is a large window looking into the control room and a door to access on the right.</p>

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

N/A

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

- | | |
|--|----------------------------|
| Provision of regulated entertainment (please read guidance note 2) | Please tick all that apply |
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |

- e) live music (if ticking yes, fill in box E) X
 - f) recorded music (if ticking yes, fill in box F) X
 - g) performances of dance (if ticking yes, fill in box G)
 - h) anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H)
- Provision of late night refreshment** (if ticking yes, fill in box I)
- Supply of alcohol** (if ticking yes, fill in box J) X

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 4)					
Mon	-----	-----						
Tue	-----	-----						
Wed	-----	-----				State any seasonal variations for performing plays (please read guidance note 5)		
Thur	-----	-----						
Fri	-----	-----				Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat	-----	-----						
Sun	-----	-----						

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 4)					
Mon	-----	-----						
Tue	-----	-----						
Wed	-----	-----				State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur	-----	-----						
Fri	-----	-----				Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat	-----	-----						
Sun	-----	-----						

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon	-----	-----	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Tue	-----	-----	
Wed	-----	-----	
Thur	-----	-----	<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 6)
Fri	-----	-----	
Sat	-----	-----	
Sun	-----	-----	

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	-----	-----			
Tue	-----	-----			
Wed	-----	-----	<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur	-----	-----			
Fri	-----	-----	<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat	-----	-----			
Sun	-----	-----			

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	X
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	08:00	23:00	<u>Please give further details here</u> (please read guidance note 4) Amplified and unamplified music performances, usually but not exclusively designed to raise the profile of the recording studio and encourage potential customers to visit.		
Tue	08:00	23:00			
Wed	08:00	23:00	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
Thur	08:00	23:00			
Fri	08:00	23:00	<u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u> (please read guidance note 6) On New Year's Eve we intend to use the premises for the performance of live music from 23:00 on 31st December to 03:00 on 1st January.		
Sat	08:00	23:00			
Sun	08:00	23:00			

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	X
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	08:00	2300	<u>Please give further details here</u> (please read guidance note 4) Background music between music acts.		
Tue	08:00	23:00			
			DJs playing recorded music as part of an event, usually but not exclusively designed to raise the profile of the recording studio and encourage potential customers to visit.		
			DJs may also use the space for online live streamed performances - in this situation there would typically be no attendees in the premises, just the performers.		
Wed	08:00	23:00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur	08:00	23:00			
			<u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Fri	08:00	23:00	On New Year's Eve we intend to use the premises for the playing of recorded music from 23:00 on 31st December to 03:00 on 1st January.		
Sat	08:00	23:00			
Sun	08:00	23:00			

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	-----	-----	<u>Please give further details here</u> (please read guidance note 4)		
Tue	-----	-----			
Wed	-----	-----	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur	-----	-----			
Fri	-----	-----	<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat	-----	-----			
Sun	-----	-----			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon	-----	-----		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	-----	-----	Please give further details here (please read guidance note 4)		
Wed	-----	-----			
Thur	-----	-----	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri	-----	-----			
Sat	-----	-----	Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sun	-----	-----			

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	-----	-----	Please give further details here (please read guidance note 4)		
Tue	-----	-----			
Wed	-----	-----	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	-----	-----			
Fri	-----	-----	Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 6)		
Sat	-----	-----			
Sun	-----	-----			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	08:00	23:00			
	-----	-----			
Tue	08:00	23:00			
	-----	-----			
Wed	08:00	23:00			
	-----	-----			
Thur	08:00	23:00			
	-----	-----			
			Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 6)		
Fri	08:00	23:00	On New Year's Eve we intend to use the premises for the supply of alcohol from 23:00 on 31st December to 03:00 on 1st January.		
	-----	-----			
Sat	08:00	23:00			
	-----	-----			
Sun	08:00	23:00			
	-----	-----			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	Sophie Layton		
Date of birth	[REDACTED]		
	[REDACTED]		
Postcode	[REDACTED]		
Personal licence number (if known)	PERS/N/2232		
Issuing licensing authority (if known)	Pembrokeshire County Council		

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9).

There will be no adult entertainment taking place on the premises.

Some performances may contain strong language. If this is the case, attendees will be made aware.

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	08:00	23:30	<p><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (please read guidance note 6)</p> <p>On New Years Eve we intend for the premises to be open from 23:00 on 31st December to 03:30 on 1st January.</p>
	-----	-----	
Tue	08:00	23:30	
	-----	-----	
Wed	08:00	23:30	
	-----	-----	
Thur	08:00	23:30	
	-----	-----	
Fri	08:00	23:30	
	-----	-----	
Sat	08:00	23:30	
	-----	-----	

Sun	08:00	23:00	
	-----	-----	

M

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

The DPS, or a nominee of the DPS, will be present at all times when the premises are being used for licensable activity. Any nominee will be made aware of the conditions and operating schedule of the licence.

The DPS or nominee will not engage in any activities that may prevent them from supervising the premises - e.g. being under the influence of alcohol.

The DPS or nominee will, to the best of their ability, ensure that nothing constituting disorder or breach of peace occurs on the premises. This includes but is not limited to the misuse of drugs, unlawful betting and any other illegal activity.

b) The prevention of crime and disorder

The premises will not serve or allow admission to any person or persons deemed to be drunk. Any staff will be trained accordingly and a record of training will be kept and maintained.

The premises will keep a register of refusals documenting all occasions where a customer is refused admission/service due to being drunk.

No customers carrying any form of alcoholic drink, open or sealed, will be allowed into the premises.

All alcohol will be served in measures consistent with the Weights and Measures Act and no pricing promotions will take place encouraging irresponsible and excessive drinking.

Any instances of crime or public disorder will be documented in an incident book and when deemed necessary, reported to the police.

The premises will become a member of the Pub Watch and BOBB schemes and the DPS and/or the Premises License holder will make every effort to attend and participate in all meetings.

All events will be risk assessed and if deemed necessary SIA licensed door supervisors will be contracted. Since all events will have a capacity significantly below 100, the number of door supervisors would be 2.

All door supervisors will be required to wear their SIA issued identification in a clearly visible place - eg. on an armband.

c) Public safety

The Premises License Holder, DPS or nominee will ensure compliance with any and all Fire Safety and Health and Safety Regulations.

A first aid kit will be kept on the premises at all times and maintained to a satisfactory standard.

The Premises License Holder, DPS or nominee will ensure all staff and contractors are aware of the fire exits and that fire exits are clearly identified.

d) The prevention of public nuisance

Signage will be clearly displayed near exits requesting attendees to leave quietly and respect our neighbours.

The volume of amplified sound used for entertainment will be controlled by the DPS or nominee at all times.

Sufficient waste disposal points will be provided and these will be kept clean and emptied at suitably regular intervals.

Bins containing bottles or cans will not be emptied after the premises closing time - when necessary they will be dealt with the next day after 8am.

All licensable activities will conclude 30 minutes before the premises are due to close.

e) The protection of children from harm

The premises will operate a strict Challenge 25 policy and will not serve any person who is deemed to look under 25 and is unable to provide adequate ID.

If the person serving has reason to suspect that the customer is buying alcohol for a minor or suspected minor, this person will also be refused service.

Any person working behind the bar will be trained accordingly and a record of training will be kept and maintained. This training will be reviewed and updated at suitably regular intervals.

The premises will keep a register of refusals documenting all challenges and the outcomes of said challenges - eg. whether valid ID was produced, the customer was turned away etc. The date, time, person serving and any other relevant details will also be kept in this register.

Clear and legible signage near the bar will state that "It is illegal for an under 18 year old to attempt to purchase alcohol".

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X

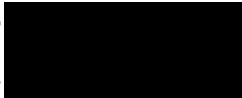
- I understand that I must now advertise my application.
- I understand that if I do not comply with the above requirements my application will be rejected.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	16/10/24
Capacity	owner/manager

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

